

TENNESSEE DEPARTMENT OF EDUCATION - LICENSE APPLICATION

OFFICE OF TEACHER LICENSING 710 JAMES ROBERTSON PARKWAY 4TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243-0377

PRINT CLEARLY

Last Name	First Name	Middle Name	Maiden Name (if applicable)	SSN (required)
Email Address	Telephone Number	Date of Birth (required)	Race *	Sex*
Street/P.O. Box	City	State	Zip Code	

**Optional-statistical information only*

ARE YOU A VETERAN? _____ YES _____ YEARS SERVED _____ NO

If you checked YES (See important information regarding Troops to Teachers program available @ www.proudtoserveagain.com)

PLEASE READ CAREFULLY BEFORE SIGNING

Personal Affirmation: *Failure to complete this section will result in your application being returned without processing. False statements made in this application may constitute grounds to take action, revoke or deny a license.*

Check the appropriate block for each question. DO NOT include matters that the State Board of Education has already investigated and found "No Probable Cause" to take any disciplinary action.

- Have you been convicted of a felony, including conviction on a plea of guilty, a plea of nolo contendere or order granting pre-trial diversion?
_____ YES _____ NO
- Have you been convicted of the illegal possession of drugs, including conviction on a plea of guilty, a plea of nolo contendere or an order granting pre-trial diversion?
_____ YES _____ NO
- Have you had a teacher's certificate/license revoked, suspended or denied, or have you voluntarily relinquished a certificate/license (allowing a license to expire does not apply)?
_____ YES _____ NO
- Is there any action pending against your certificate/license or application in another state?
_____ YES _____ NO

If you have answered "yes" to questions 1 or 2, please attach details of conviction, including date and place of conviction, and court certified copies of the judgement, conviction, and sentencing.

If you have answered "yes" to questions 3 or 4, attach details naming the state and/or issuing authority and explain circumstance.

Signature _____ Date _____

TRANSACTION (S) REQUESTED. (CHECK ALL THAT APPLY AND COMPLETE FOLLOWING PAGE FOR ITEM CHECKED)

TYPE OF TENNESSEE LICENSE

- _____ INITIAL TEACHING LICENSE-**TN Institutions Only** (Apprentice Teacher, Apprentice Special Group, and Beginning Administrator)
- _____ OUT OF STATE TEACHING LICENSE (Program completers outside of TN / USA OR applying based upon reciprocity)
- _____ NON-PUBLIC SCHOOL TEACHING LICENSE (Employment verification required)
- _____ ALTERNATIVE TYPE "A" LICENSE (Requires signature from Superintendent/Director of Schools)
- _____ ALTERNATIVE TYPE "C" LICENSE (Requires signature from Superintendent/Director of Schools and Dean of Education at teacher preparation institution)
- _____ ALTERNATIVE TYPE "E" LICENSE (Requires signature from Superintendent/Director of Schools)
- _____ INTERIM TYPE "B" LICENSE (Requires signature from Superintendent/Director of Schools, and verification from Dean of Education at teacher preparation institution)
- _____ INTERIM TYPE "D" LICENSE (Requires signature of Dean of Education at teacher preparation institution)
- _____ OCCUPATIONAL EDUCATION LICENSE
- _____ PERMIT (This is not a Tennessee teaching license and can only be applied for by a Tennessee Public School System)
- _____ 3 YEAR INTERNATIONAL CREDENTIAL (Requires signature from Superintendent/Director of Schools, nonrenewable)
- _____ JROTC LICENSE
- _____ SPEECH/LANGUAGE PATHOLOGIST OR SPEECH/ LANGUAGE TEACHER

ADVANCEMENT TO FULL LICENSE OR PROFESSIONAL LICENSE

- _____ ADVANCEMENT FROM APPRENTICE LEVEL TO PROFESSIONAL LEVEL LICENSE (Professional, Occupational, or School Service Personnel)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "A" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM INTERIM TYPE "B" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "C" TO FULL LICENSE (Apprentice)
- _____ ADVANCEMENT FROM ALTERNATIVE TYPE "E" TO FULL LICENSE (Apprentice or Out of State)
- _____ ADVANCEMENT FROM APPRENTICE OCCUPATIONAL EDUCATION LICENSE TO PROFESSIONAL OCCUPATIONAL EDUCATION LICENSE
- _____ CONVERSION FROM TENNESSEE TEACHING LICENSE TO SCHOOL SERVICE PERSONNEL LICENSE (Speech/Language only)
- _____ ADVANCEMENT FROM BEGINNING ADMINISTRATOR LICENSE TO PROFESSIONAL ADMINISTRATOR LICENSE

RENEWAL OR AMENDMENT TO EXISTING LICENSE

- _____ FOR RENEWAL OF LICENSE (Check one)
_____ 5 Year License(s) _____ 10 Year License(s) _____ 5 Year Occupational License _____ 10 Year Occupational License
_____ Alternative Type "A" _____ Alternative Type "C" _____ Alternative Type "E" _____ Interim Type "B" _____ Interim Type "D"
- _____ AMENDMENT TO ADD ADDITIONAL DEGREE TO TEACHING LICENSE (Check one of the following and attach official transcripts)
_____ Master's Degree _____ Education Specialist
_____ Master's Degree +30 semester hours _____ Doctorate Degree
- _____ AMENDMENT TO ADD ENDORSEMENT AREA (S) TO TEACHING LICENSE (Identify area to be added) _____
- _____ NAME CHANGE (Requires a notarized copy of the marriage license, divorce decree, or court order that has generated the legal name change.)
- _____ ADDRESS CHANGE NOTIFICATION
- _____ DUPLICATE LICENSE (Current valid Tennessee license only)

APPLICATION FOR OUT OF STATE TEACHER LICENSE

APPLICANT NAME _____ **SOCIAL SECURITY NUMBER** _____

ALL DOCUMENTS SUBMITTED TO THE OFFICE OF TEACHER LICENSING BECOME THE PROPERTY OF THE STATE DEPARTMENT OF EDUCATION AND WILL NOT BE RETURNED TO THE APPLICANT NOR WILL THE DEPARTMENT PROVIDE COPIES OF DOCUMENTS TO THE APPLICANT OR THIRD PARTIES

INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT

PRAXIS REQUIREMENTS (Official Praxis scores must be sent directly by ETS)

Tests are required unless exemption applies. Instructions for exemption on website www.tennessee.gov/education/lic/out.shtml

Check one of the following:

- _____ Copy of full license issued prior to July 1, 1984 is enclosed
- _____ Copy(ies) of full, valid license(s) enclosed.
- _____ Designated Institution Score Report submitted by college/university
- _____ Praxis scores sent directly from ETS to TN Department of Education SSN must be provided to ETS)

EXPERIENCE VERIFICATION

Teaching experience, if any, accrued outside Tennessee must be documented and signed by authorized school official
Form(s) may be downloaded from website www.tennessee.gov/education/lic/pdf/ed2034a.pdf

- _____ Experience verification is attached
- _____ No verified teaching experience

OFFICIAL TRANSCRIPTS

Official transcripts are required for licensure purposes. Include transcripts from all institutions attended.

- _____ Official transcripts from all institutions are enclosed.

TEACHER EDUCATION INSTITUTION(S) OUTSIDE THE STATE OF TENNESSEE

This portion must be completed by the Certification Officer or Dean of Education where applicant completed an approved teacher preparation program. NOTE - This may not be required in all cases.

(See instructions for exemption on website www.tennessee.gov/education/lic/out.shtml)

INSTITUTION RECOMMENDATION

I certify that, to the best of my knowledge, the above stated individual is at least 18 years of age and possesses good moral character. I certify that the applicant has completed our state approved and regionally accredited teacher preparation program in the following areas:

PROGRAM(S) COMPLETED	PROGRAM(S) GRADE LEVEL (S)

State approved program _____ State _____ Regional Accrediting Agency _____ Name _____

Degree & Major _____ Date Degree Conferred _____

Recommending College/University _____

Title of Authorized Official _____

Signature of Authorized Official _____ Date _____

Telephone Number _____ Email Address _____